

## NOMINATION FORM

## Mental Health Commission and Department of Mental Health

## 12<sup>th</sup> Annual Recognition and Volunteer Award Program Thursday, May 26, 2011 ~ Catalina's Grill

Each year the Los Angeles County Mental Health Commission provides an opportunity to honor outstanding members of the mental health community at a celebrity event. Your participation is requested in helping to identify colleagues and peers that you feel have shown exemplary commitment in one the following categories: (Make your choice by placing an "X" in one box )

in one box.)						
_	(One submission per agency po	er category)				
	Outstanding Family Member					
	Outstanding Consumer					
	Outstanding Program (C	Outstanding Program (Directly Operated or Contract Agency)				
	Personal Legacy (Individual who has had the most profound impact on improving the quality of the mental health service delivery system)					
Name of Nomine	e or Program:					
Nominee's Organ	nization (if appropriate):					
Address:						
City:		Zip Cod				
Contact Phone:		Fax:		Email:		
How would you best describe the prima choice by placing an "X" in a box.  Improving current serving Reducing stigma Increasing awareness		tes Incre.	Increasing partnership & collaboration Passing legislation Developing/implementing a new program			
Name of person r	making the nomination:					
Address:						
City:		Zip (		Code:		
Contact Phone:		Fax:		Email:		

(2-sided document)

Your participation in this process is voluntary, but greatly appreciated.				
Name of Nominee:				
Person making nomination:				
Use the space provided below to describe in detail why this individual or program should be recognized. You may fax the completed form to 213 738-2120, email, <a href="mailto:mentalhealthcommission@dmh.lacounty.gov">mentalhealthcommission@dmh.lacounty.gov</a> or mail to Mental Health Commission, 550 S. Vermont Ave., Los Angeles, CA 90012. Click link to access the form on the web page under News and Events, <a href="http://dmh.lacounty.gov/AboutDMH/mhc.html">http://dmh.lacounty.gov/AboutDMH/mhc.html</a> The deadline is April 3, 2011. Finalist will be notified within two weeks. The awards program will be held Friday, May 26, 2011 at Catalina's Grill, 6725 W. Sunset Blvd., #100, Los Angeles, 90028 from 6 pm – 9 pm. If you have questions regarding the form, contact the Mental Health Commission at 213 738-4772.  PLEASE TYPE OR PRINT LEGIBLY, MAXIMUM 100 WORDS.				

Ch/awards program/nomination form